

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 C.F.R. 1.63)
COMBINED WITH POWER OF
ATTORNEY**

<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted After Initial Filing (surcharge (37 C.F.R. 1.16 (e) required))
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Attorney Docket No.	9045M
First Named Inventor	Kevin Gene Peters
COMPLETE IF KNOWN	
Application Number	
Filing Date	August 4, 2003
Group Art Unit	
Examiner Name	
Confirmation Number	

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

the specification of which

[illegible]

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direct all correspondence to Customer Number 27752.

NAME OF SOLE OR FIRST INVENTOR:		___ A petition has been filed for this unsigned inventor	
Given Name Kevin Gene (first and middle [if any])		Family Name Peters Or Surname	
Inventor's Signature		Date	
Residence: City 10202 Sleafy Ridge Drive	State OH	Country USA	Citizenship USA
Mailing Address: 10202 Sleafy Ridge Drive			
City Loveland	State OH	Zip 45140	Country USA

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9045M

NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Michael Glen (first and middle [if any])		Family Name Davis Or Surname	
Inventor's Signature		Date	
Residence: City 2212 Shawhan Rd.	State OH	Country USA	Citizenship USA
Mailing Address: 2212 Shawhan Rd.			
City Morrow	State OH	Zip 45152	Country USA

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country

NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country

NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country